

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038618

FILED
Jul 07, 2004
Secretary of State

Entity Name: APPLE HEALTH CARE SERVICES LLC

Current Principal Place of Business:

7535 WEST 24TH AVENUE
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7535 WEST 24TH AVENUE
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-0325276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, CLARA
7535 WEST 24TH AVENUE
HIALEAH, FL 33016

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VAZQUEZ, IDALMIS T
Address: 7535 WEST 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

Title: MGR (X) Delete
Name: VAZQUEZ, CLARA
Address: 7535 WEST 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, CLARA
Address: 7535 WEST 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLARA HERNANDEZ

MGR

07/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date